07/12/2011 11:14

(Rev. 12/2004)

Image# 11931793784

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines OmniCare, Inc. Politcal Action Committee 1600 River Center II ADDRESS (number and street) 100 East River Center Blvd Check if different than previously Covington ΚY 41101 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00392886 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 Χ PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 04 0 1 2011 06 3 0 2011 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Thomas R Marsh Type or Print Name of Treasurer Electronically Filed by Thomas R Marsh 07 12 2011 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use

FE6AN026

Only

### SUMMARY PAGE OF RECEIPTS AND DISRURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

Write or Type Committee Name
OmniCare, Inc. Politcal Action Committee

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1 2011 1 Y Y Y		39638.13
	(b) Cash on Hand at Begining of Reporting Period	39355.47	
	(c) Total Receipts (from Line 19)	5497.49	10354.91
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	44852.96	49993.04
	Total Disbursements (from Line 31)	9155.78	14295.86
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	35697.18	35697.18
•	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

## DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

OmniCare, Inc. Politcal Action Committee

Report Covering the Period:

м м 0 4

From:

D D 1

2 0 1 1

То:

м м 0 6 <sup>D</sup> 3 0

Y Y Y Y 2 0 1 1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From: (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	3871.69	5685.03
(ii) Unitemized	1625.80	4669.88
(iii) TOTAL (add Lines 11(a)(i) and (ii)	5497.49	10354.91
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	5497.49	10354.91
Transfers From Affiliated/Other     Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received     Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
7. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	5497.49	10354.91
. Total Federal Receipts (subtract Line 18(c) from Line 19)	5497.49	10354.91

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### DETAILED SUMMARY PAGE

of Disbursements

FEC. Form 3X (Rev. 02/2003) Page 4

FEC Form 3X (Rev. 02/2003)	00111222	Page 4
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures:      Shared Enders!(Non Enders!)	. 5.00 . 5.100	Calculation to but
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	
Expenditures	0.00	0.00
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii) and (b))	0.00	0.00
Transfers to Affiliated/Other Party     Committees	0.00	0.00
Committees	0.00	0.00
Federal Candidates/Committeesand Other Political Committees	9000.00	14000.00
4. Independent Expenditure	0.00	0.00
(use Schedule E)5. Coordinated Expenditures Made by Party	0.00	0.00
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
(use scriedule i )		
6. Loan Repayments Made	0.00	0.00
7. Loans Made	0.00	0.00
28. Refunds of Contributions To:	0.00	5.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	0.00	0.00
(b) Political Party Committees (c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements	155.78	295.86
o. Other Disbursements	100.70	200.00
0. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(1) 1 335141 511415	2.22	
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely	0.00	0.00
With Federal Funds		3.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	9155.78	14295.86
, , , , , , , , , , , , , , ,		
32. Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)	0455.70	14005.00
from Line 31)	9155.78	14295.86

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	5497.49	10354.91
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	5497.49	10354.91
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FE6AN026

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 28 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Co	nd Statements may not be sold or used by any person the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) BRADLEY S ABBOTT Mailing Address 2050 DAMSON DF  City VILLA HILLS FEC ID number of contributing federal political committee.  Name of Employer OMNICARE, INC	State Zip Code KY 41017  C Occupation VP & CONTROLLER	Date of Receipt  M M O 1  O 1  Transaction ID: SA11AI.7437  Amount of Each Receipt this Period  41.67  Bi-weekly Payroll Deduction - \$41.67
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  291.69	
Full Name (Last, First, Middle Initial) BRADLEY S ABBOTT Mailing Address 2050 DAMSON DF City	RIVE State Zip Code	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
VILLA HILLS  FEC ID number of contributing federal political committee.  Name of Employer OMNICARE, INC	C Occupation	Amount of Each Receipt this Period  41.67  Bi-weekly Payroll Deduction - \$41.67
Receipt For: Primary General Other (specify)	VP & CONTROLLER  Aggregate Year-to-Date ▼  333.36	
Full Name (Last, First, Middle Initial) BRADLEY S ABBOTT Mailing Address 2050 DAMSON DF		
City VILLA HILLS	State Zip Code KY 41017	Transaction ID: SA11AI.7475  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer OMNICARE, INC	Occupation VP & CONTROLLER	Bi-weekly Payroll Deduction - \$41.67
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 375.03	
SUBTOTAL of Receipts This Page (option	al)	125.01

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 28 (check only one)  X 11a 11b 11c 12 13 14 15 16 1
0	ny information copied from such Reports and r for commercial purposes, other than using t	he name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	OmniCare, Inc. Politcal Action Com	mittee		
٠.	Full Name (Last, First, Middle Initial) BRADLEY S ABBOTT			Date of Receipt
	Mailing Address 2050 DAMSON DRIV	05 13 2011		
	City	State	Zip Code	Transaction ID: SA11AI.7501
	VILLA HILLS	KY	41017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer OMNICARE, INC	Occupation VP & CC	n DNTROLLER	Bi-weekly Payroll Deduction - \$41.67
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 416.70	
. –	Full Name (Last, First, Middle Initial) BRADLEY S ABBOTT			Date of Receipt
	Mailing Address 2050 DAMSON DRIV	05 27 2011		
	City State Zip Code			Transaction ID: SA11AI.7502
	VILLA HILLS KY		41017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer OMNICARE, INC		NTROLLER	Bi-weekly Payroll Deduction - \$41.67
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)		458.37	
	Full Name (Last, First, Middle Initial) BRADLEY S ABBOTT	Date of Receipt		
	Mailing Address 2050 DAMSON DRIV	VΕ		0 6 1 0 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.7703
	VILLA HILLS	KY	41017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			41.67
	Name of Employer OMNICARE, INC	<del>- ' '</del>	NTROLLER	Bi-weekly Payroll Deduction - \$41.67
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.04	
$\lceil$	SUBTOTAL of Receipts This Page (optional)			125.01

	HEDULE A (FEC Form 3X)  MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 28 (check only one)    X
or fo	information copied from such Reports and Stor commercial purposes, other than using the NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Commi	name and add	γ not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	Full Name (Last, First, Middle Initial) BRADLEY S ABBOTT Mailing Address 2050 DAMSON DRIVE			Date of Receipt
Ċ	City VILLA HILLS	State KY	Zip Code 41017	0 6 2 4 2 0 1 1  Transaction ID: SA11AI.7732  Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	C		41.67
_	Name of Employer DMNICARE, INC  Receipt For: Primary General Other (specify)		n NTROLLER Year-to-Date ▼ 541.71	Bi-weekly Payroll Deduction - \$41.67
F	Full Name (Last, First, Middle Initial) Paul Baldwin Mailing Address 208 Old Mill Road	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Ċ	Dity	Zip Code	Transaction ID: SA11AI.7431	
<u> </u>	Royersford	PA	19468	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			200.00
_	Name of Employer Omnicare, Inc	Occupatio VP Publi	c Affairs	Bi-weekly Payroll Deducti- on - \$200.00
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1400.00	
F	Full Name (Last, First, Middle Initial) Paul Baldwin			Date of Receipt
N	Mailing Address 208 Old Mill Road			04 15 2011
	City	State	Zip Code	Transaction ID: SA11AI.7452
F	Royersford PA  FEC ID number of contributing federal political committee.  C		19468	Amount of Each Receipt this Period  200.00
N	Name of Employer Omnicare, Inc	Occupatio VP Publi		Bi-weekly Payroll Deducti- on - \$200.00
F	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1600.00	
SU	BTOTAL of Receipts This Page (optional)			441.67

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 28 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  OmniCare, Inc. Politcal Action Comr	e name and add	r not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions
OmniCare, Inc. Political Action Comr  Full Name (Last, First, Middle Initial) Paul Baldwin Mailing Address 208 Old Mill Road  City Royersford  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc  Receipt For:	State PA C Occupation VP Public		Date of Receipt  M M M / 29 29 2011  Transaction ID: SA11AI.7453  Amount of Each Receipt this Period  200.00  Bi-weekly Payroll Deduction - \$200.00
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)		1800.00	
Paul Baldwin  Mailing Address 208 Old Mill Road			Date of Receipt  0 5 1 3 2 0 1 1
City	State	Zip Code	Transaction ID: SA11AI.7507
Royersford	PA	19468	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer	Occupation		Bi-weekly Payroll Deducti-
Omnicare, Inc	VP Public		on - \$200.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2000.00	
Full Name (Last, First, Middle Initial) Paul Baldwin			Date of Receipt
Mailing Address 208 Old Mill Road			05 27 2011
City	State	Zip Code	Transaction ID: SA11AI.7508
Royersford	PA	19468	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Omnicare, Inc Occupation VP Public		c Affairs	Bi-weekly Payroll Deduction - \$200.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2200.00	
SUBTOTAL of Receipts This Page (optional) .			600.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 28   (check only one)     X
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Com			
Full Name (Last, First, Middle Initial) Paul Baldwin			Date of Receipt
Mailing Address 208 Old Mill Road	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
City	State	Zip Code	Transaction ID: SA11AI.7706
Royersford  FEC ID number of contributing federal political committee.	C	19468	Amount of Each Receipt this Period 200.00
Name of Employer Omnicare, Inc	Occupation VP Public		Bi-weekly Payroll Deduction - \$200
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 2400.00	
Full Name (Last, First, Middle Initial) Paul Baldwin			Date of Receipt
Mailing Address 208 Old Mill Road			0 6 2 4 2 0 1 1
City Roversford	State PA	Zip Code 19468	Transaction ID: SA11AI.7735  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	15700	200.00
Name of Employer Omnicare, Inc	Occupation VP Public		Bi-weekly Payroll Deduction - \$200
Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 2600.00	
Full Name (Last, First, Middle Initial) TIMOTHY E BIEN			Date of Receipt
Mailing Address 6210 NUEVELLE LANE			0 4 0 1 2 0 1 1
City CINCINNATI	State OH	Zip Code 45243	Transaction ID: SA11AI.7443
FEC ID number of contributing federal political committee.	C	40240	Amount of Each Receipt this Period  85.00
Name of Employer OMNICARE, INC SPECIAL ADVISOR TO CEO			Bi-weekly Payroll Deduction - \$85.00
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 595.00	
SUBTOTAL of Receipts This Page (optional	<u> </u>		485.00

SCHEDULE A (FEO	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 28 (check only one)    X
Any information copied from sor for commercial purposes, of NAME OF COMMITTEE OmniCare, Inc. Polito	other than using the name and ad (In Full)	ay not be sold or used by any perso Idress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
City CINCINNATI  FEC ID number of contrib federal political committee  Name of Employer OMNICARE, INC  Receipt For:	State OH  uting Occupation SPECIA	Zip Code 45243 on L ADVISOR TO CEO e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y  O 4 1 5 2 0 1 1  Transaction ID: SA11AI.7482  Amount of Each Receipt this Period  85.00  Bi-weekly Payroll Deduction - \$85.00
Full Name (Last, First, Mic Brian Egan Mailing Address 9945 SCity Portland FEC ID number of contrib federal political committee Name of Employer Omnicare, Inc - Evergreer Receipt For:	SE GIA CT.  State OR  uting Occupation Pharmace		Date of Receipt  M M M / D D / Y Y Y Y Y  O 5
City Portland  FEC ID number of contrib federal political committee  Name of Employer Omnicare, Inc - Evergreer  Receipt For:	SE GIA CT.  State OR  uting Occupation Pharman		Date of Receipt  M M M / D D / 2011  Transaction ID: SA11AI.7698  Amount of Each Receipt this Period  20.00  Bi-weekly Payroll Deduction - \$20
SUBTOTAL of Receipts Thi	s Page (optional)		125.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 28 (check only one)    X   11a
nny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  OmniCare, Inc. Political Action Committee (In Full)	e name and address of any political committe	erson for the purpose of soliciting contributions to solicit contributions from such committee.
OmniCare, Inc. Political Action Coming  Full Name (Last, First, Middle Initial)  Brian Egan  Mailing Address 9945 SE GIA CT.  City  Portland  FEC ID number of contributing federal political committee.  Name of Employer Omnicare, Inc - Evergreen  Receipt For:  Primary General  Other (specify) ▼	State Zip Code OR 97086  C  Occupation Pharmacist Aggregate Year-to-Date  260.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) HAL J HENDERSON Mailing Address 2908 PERIMETER C  City BUFORD  FEC ID number of contributing federal political committee.  Name of Employer OMNICARE INC  Receipt For: Primary General Other (specify)	RCLE  State Zip Code GA 30519  C  Occupation PHARMACIST  Aggregate Year-to-Date  350.00	Date of Receipt  M M M O 1 2 0 1 1  Transaction ID: SA11AI.7442  Amount of Each Receipt this Period  50.00  Bi-weekly Payroll Deduction - \$50.00
Full Name (Last, First, Middle Initial) HAL J HENDERSON Mailing Address 2908 PERIMETER C  City BUFORD  FEC ID number of contributing federal political committee.  Name of Employer OMNICARE INC  Receipt For: Primary General Other (specify)	RCLE  State Zip Code GA 30519  C  Occupation PHARMACIST  Aggregate Year-to-Date   400.00	Date of Receipt  M M M / D D / Y Y Y Y Y  O 4 15 2 0 1 1  Transaction ID: SA11AI.7489  Amount of Each Receipt this Period  50.00  Bi-weekly Payroll Deduction - \$50.00
SUBTOTAL of Receipts This Page (optional)		120.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	3X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 28 (check only one)    X
Any information copied from such Reports or for commercial purposes, other than usi  NAME OF COMMITTEE (In Full)  OmniCare, Inc. Politcal Action C	ng the name and add	γ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) HAL J HENDERSON Mailing Address 2908 PERIMETE	B CIBCLE		Date of Receipt
City BUFORD	State GA	Zip Code 30519	Transaction ID: SA11AI.7490  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer OMNICARE INC  Receipt For:  Primary General  Other (specify) ▼	Occupation PHARMA Aggregate		Bi-weekly Payroll Deduction - \$50.00
Full Name (Last, First, Middle Initial) HAL J HENDERSON Mailing Address 2908 PERIMETE	Date of Receipt  0 5 1 3 2 0 1 1		
City	State	Zip Code	Transaction ID: SA11Al.7519
BUFORD  FEC ID number of contributing federal political committee.	FEC ID number of contributing		Amount of Each Receipt this Period  50.00
Name of Employer OMNICARE INC	Occupation PHARMA		Bi-weekly Payroll Deduction - \$50.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]
Full Name (Last, First, Middle Initial) HAL J HENDERSON	I		Date of Receipt
Mailing Address 2908 PERIMETER CIRCLE			05 27 2011
City	State	Zip Code	Transaction ID: SA11AI.7520
BUFORD  FEC ID number of contributing federal political committee.	GA C	30519	Amount of Each Receipt this Period  50.00
Name of Employer OMNICARE INC PHARMACIST			Bi-weekly Payroll Deduction - \$50.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 550.00	
SUBTOTAL of Receipts This Page (optic	SUBTOTAL of Receipts This Page (optional)		

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 28 (check only one)    X
A 0	ny information copied from such Reports and r for commercial purposes, other than using th	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)  OmniCare, Inc. Politcal Action Comr	mittee		
ب ۵.	Full Name (Last, First, Middle Initial) HAL J HENDERSON			Date of Receipt
	Mailing Address 2908 PERIMETER CI	RCLE		06 10 2011
	City BUFORD	State GA	Zip Code	Transaction ID: SA11AI.7704
	FEC ID number of contributing federal political committee.	C	30519	Amount of Each Receipt this Period  50.00
	Name of Employer OMNICARE INC	Occupatio		Bi-weekly Payroll Deduction - \$50
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
 3.	Full Name (Last, First, Middle Initial) HAL J HENDERSON			Date of Receipt
	Mailing Address 2908 PERIMETER CI	06 24 2011		
	City	State	Zip Code	Transaction ID: SA11AI.7733
	BUFORD	GA	30519	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer OMNICARE INC	Occupatio PHARMA		Bi-weekly Payroll Deduction - \$50
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 650.00	
_ >.	Full Name (Last, First, Middle Initial) Andrew H Kowal			Date of Receipt
-	Mailing Address 153 R Pomeroy Mead	dow Road		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.7436
	Southampton  FEC ID number of contributing federal political committee.	C	01073	Amount of Each Receipt this Period 40.00
	Name of Employer Omnicare, Inc	Occupatio		Bi-weekly Payroll Deduction - \$40.00
	Receipt For:	Pharmad		_
	Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 280.00	
Γ,	SUBTOTAL of Receipts This Page (optional)			140.00
	SUBTOTAL of Receipts This Page (optional) .  TOTAL This Period (last page this line numbe		<u> </u>	140.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the tailed Summary Page	FOR LINE NUMBER: PAGE 15 / 28 (check only one)  X 11a 11b 11c 12  13 14 15 16 17	
Any information copied from such Reports or for commercial purposes, other than using	and Statements may not be g the name and address of	e sold or used by any person of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Co	ommittee			
Full Name (Last, First, Middle Initial) A. Andrew H Kowal			Date of Receipt	
Mailing Address 153 R Pomeroy M			04 / 15 / 2011	
City Southampton		ip Code 11073	Transaction ID: SA11AI.7456	
FEC ID number of contributing federal political committee.	C	1073	Amount of Each Receipt this Period  40.00	
Name of Employer Omnicare, Inc	Occupation Pharmacist		Bi-weekly Payroll Deduction - \$40.00	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-	to-Date ▼ 320.00		
Full Name (Last, First, Middle Initial) Andrew H Kowal	I		Date of Receipt	
Mailing Address 153 R Pomeroy M	Mailing Address 153 R Pomeroy Meadow Road			
City		ip Code	Transaction ID: SA11AI.7457	
Southampton	<u>MA 0</u>	1073	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		40.00	
Name of Employer Omnicare, Inc	Occupation Pharmacist		Bi-weekly Payroll Deduction - \$40.00	
Receipt For:	Aggregate Year-	to-Date ▼		
Primary General Other (specify) ▼		360.00		
Full Name (Last, First, Middle Initial) Andrew H Kowal			Date of Receipt	
Mailing Address 153 R Pomeroy M	leadow Road		0 5 1 3 Y Y Y Y Y Y	
City		ip Code	Transaction ID: SA11AI.7525	
Southampton	<u>MA 0</u>	1073	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		40.00	
Name of Employer Omnicare, Inc	Occupation Pharmacist		Bi-weekly Payroll Deduction - \$40.00	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-	to-Date ▼ 400.00	]	
SUBTOTAL of Receipts This Page (option	nal)		120.00	
TOTAL This Period (last page this line nu		<u> </u>		

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 28 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
	Any information copied from such Reports and or for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Comr	mittee		
Α.	Full Name (Last, First, Middle Initial) Andrew H Kowal			Date of Receipt
	Mailing Address 153 R Pomeroy Meac	low Road		05 27 2011
	City	State	Zip Code	Transaction ID: SA11AI.7526
	Southampton	MA	01073	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Omnicare, Inc	Occupation Pharmac		Bi-weekly Payroll Deduction - \$40.00
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	440.00	
В.	Full Name (Last, First, Middle Initial) Andrew H Kowal			Date of Receipt
	Mailing Address 153 R Pomeroy Meac	low Road		06 10 2011
	City	State	Zip Code	Transaction ID: SA11AI.7702
	Southampton	MA	01073	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Omnicare, Inc	Occupation Pharmac		Bi-weekly Payroll Deduction - \$40
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		480.00	
C.	Full Name (Last, First, Middle Initial) Andrew H Kowal	<u> </u>		Date of Receipt
	Mailing Address 153 R Pomeroy Meac	low Road		0 6 2 4 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.7731
	Southampton	MA	01073	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		40.00
	Name of Employer Omnicare, Inc	Occupation Pharmac		Bi-weekly Payroll Deduction - \$40
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		520.00	
	SUBTOTAL of Receipts This Page (optional).			120.00
	TOTAL This Period (last page this line numbe	ı oriiy)		

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 28 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Con	d Statements may not be sold or used by any per the name and address of any political committee	erson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) DALE LEWIS Mailing Address 117 PLUM POPPY  City MALTA  FEC ID number of contributing federal political committee.  Name of Employer OMNICARE, INC	State Zip Code NY 12020  C Occupation PHARMACIST	Date of Receipt    M
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  220.00	
DALE LEWIS  Mailing Address 117 PLUM POPPY  City  MALTA  FEC ID number of contributing federal political committee.  Name of Employer OMNICARE, INC  Receipt For:  Primary General  Other (specify)	State Zip Code NY 12020  C  Occupation PHARMACIST  Aggregate Year-to-Date  240.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) DALE LEWIS Mailing Address 117 PLUM POPPY  City MALTA  FEC ID number of contributing federal political committee.  Name of Employer OMNICARE, INC  Receipt For:	State Zip Code NY 12020  C Occupation PHARMACIST	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional	Aggregate Year-to-Date  260.00	60.00

	ULE A (FEC Form 3X) ED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 28 (check only one)    X   11a
or for comn	nercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	OF COMMITTEE (In Full) Care, Inc. Politcal Action Comm	nittee		
	ne (Last, First, Middle Initial) S W LUDEKE			Date of Receipt
	Address 10428 KONSTANTINE			04 29 2011
City LOVEI	AND	State OH	Zip Code 45140	Transaction ID: SA11AI.7481  Amount of Each Receipt this Period
FEC ID	number of contributing political committee.	C	10110	25.00
Name o	f Employer ARE, INC	Occupation VICE PE	n ESIDENT	Bi-weekly Payroll Deduction - \$25.00
	For: rimary General ther (specify) ▼		e Year-to-Date ▼ 225.00	
B. THOMA	ne (Last, First, Middle Initial) S W LUDEKE	1		Date of Receipt
Mailing A	Address 10428 KONSTANTINE	05 13 Y Y Y Y Y Y		
City		State	Zip Code	Transaction ID: SA11AI.7531
LOVE		OH	45140	Amount of Each Receipt this Period
federal p	number of contributing political committee.	C		25.00  Bi-weekly Payroll Deducti-
Name of OMNIC	f Employer ARE, INC	Occupatio VICE PF	n ESIDENT	on - \$25.00
	For: rimary General ther (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	]
	ne (Last, First, Middle Initial) S W LUDEKE	1		Date of Receipt
	Address 10428 KONSTANTINE	LANE		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	ANID	State	Zip Code	Transaction ID: SA11AI.7532
	number of contributing political committee.	OH C	45140	Amount of Each Receipt this Period  25.00
Name o OMNIC	f Employer ARE, INC	Occupation VICE PF	n ESIDENT	Bi-weekly Payroll Deduction - \$25.00
	For: rimary General ther (specify) ▼	<del>, '</del>	e Year-to-Date ▼ 275.00	
SUBTOTA	AL of Receipts This Page (optional)			75.00
	his Period (last page this line number		<u> </u>	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 28 (check only one)    X
\ \ \	Any information copied from such Reports and or for commercial purposes, other than using t NAME OF COMMITTEE (In Full)	he name and ad	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	OmniCare, Inc. Politcal Action Com	mittee		
<b>4</b> .	Full Name (Last, First, Middle Initial) THOMAS W LUDEKE			Date of Receipt
	Mailing Address 10428 KONSTANTIN	NE LANE		06 10 7 2011
	City LOVELAND	State OH	Zip Code	Transaction ID: SA11AI.7699
	FEC ID number of contributing federal political committee.	C	45140	Amount of Each Receipt this Period  25.00
	Name of Employer OMNICARE, INC	Occupation VICE PR	n RESIDENT	Bi-weekly Payroll Deduction - \$25
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 300.00	
- 3.	Full Name (Last, First, Middle Initial) THOMAS W LUDEKE			Date of Receipt
	Mailing Address 10428 KONSTANTIN	NE LANE		0 6 2 4 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.7728
	LOVELAND FEC ID number of contributing federal political committee.	C	45140	Amount of Each Receipt this Period  25.00
	Name of Employer OMNICARE, INC	Occupation VICE PF	n RESIDENT	Bi-weekly Payroll Deduction - \$25
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 325.00	
- ;.	Full Name (Last, First, Middle Initial) THOMAS A SCHLEIGH, Jr.			Date of Receipt
	Mailing Address 2110 RIVER BEND	WAY		$\begin{bmatrix} M & M & / & D & D & / & Y & Y & Y & Y & Y & Y & Y & Y & Y$
	City KINGWOOD	State TX	Zip Code 77345	Transaction ID: SA11AI.7455  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer OMNICARE	Occupatio RVP - M	n ANAGEMENT	Bi-weekly Payroll Deduction - \$25.00
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	
	SUBTOTAL of Receipts This Page (optional)	1		75.00

or for	nformation copied from such Reports and S		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
\ ^	commercial purposes, other than using the AME OF COMMITTEE (In Full)	e name and add	not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
/ 0	OmniCare, Inc. Politcal Action Comm	nittee		
۱. <u>۱</u> ۲	ull Name (Last, First, Middle Initial) HOMAS A SCHLEIGH, Jr.			Date of Receipt
M:	ailing Address 2110 RIVER BEND W	AY		05 / 13 / 2011
Ci		State	Zip Code	Transaction ID: SA11AI.7539
	INGWOOD  EC ID number of contributing	TX	77345	Amount of Each Receipt this Period
	deral political committee.	C		25.00
Na O	ame of Employer MNICARE	Occupation RVP - MA	n ANAGEMENT	Bi-weekly Payroll Deduction - \$25.00
Re	eceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
	ull Name (Last, First, Middle Initial) HOMAS A SCHLEIGH, Jr.			Date of Receipt
M	ailing Address 2110 RIVER BEND W	AY		05 27 Y Y Y Y Y Y
Ci	ity	State	Zip Code	Transaction ID: SA11AI.7540
_	INGWOOD	TX	77345	Amount of Each Receipt this Period
FE fe	EC ID number of contributing deral political committee.	C		25.00  Bi-weekly Payroll Deducti-
Na O	ame of Employer MNICARE	Occupation RVP - MA	n ANAGEMENT	on - \$25.00
Re	eceipt For:	Aggregate	Year-to-Date <b>V</b>	
	Primary General  Other (specify) ▼		275.00	
	ull Name (Last, First, Middle Initial) OBIN TAYLOR			Date of Receipt
M	ailing Address 4520 MOSS RIDGE L	ANE		M M / D D / Y Y Y Y Y Y Y Z D 1 1
	ity	State	Zip Code	Transaction ID: SA11AI.7544
_	NDIANAPOLIS	IN	46237	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		20.00
_	ame of Employer MNICARE INC	Occupation PHARMA		Bi-weekly Payroll Deduction - \$20.00
Re	eceipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 220.00	
SUE	BTOTAL of Receipts This Page (optional)	1		70.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate for each categ Detailed Sumi	ory of the	
Any information copied from such Reports ar or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	d Statements may not be sold or us the name and address of any polition	ed by any person for the purpo	ose of soliciting contributions
OmniCare, Inc. Politcal Action Co.	nmittee		
Full Name (Last, First, Middle Initial) A. ROBIN TAYLOR  Mailing Address 4520 MOSS RIDGE	LANE	Date of F	<u>'</u>
City	State Zip Code		1 0 2 0 1 1 tion ID: SA11Al.7696
INDIANAPOLIS  FEC ID number of contributing federal political committee.	IN 46237	Amount	of Each Receipt this Period 20.00
Name of Employer OMNICARE INC	Occupation PHARMACIST	Bi-weekl on - \$20	y Payroll Deducti-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	240.00	
Full Name (Last, First, Middle Initial)  ROBIN TAYLOR	LANG	Date of F	<u>'</u>
Mailing Address 4520 MOSS RIDGE	LANE	0 6	24 2011
City	State Zip Code		tion ID: SA11AI.7726
INDIANAPOLIS  FEC ID number of contributing federal political committee.	IN 46237		of Each Receipt this Period 20.00
Name of Employer OMNICARE INC	Occupation PHARMACIST	Bi-weekl on - \$20	y Payroll Deducti-
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	260.00	
Full Name (Last, First, Middle Initial) THOMAS TUCKER  Mailing Address 11201 RIVER OAK	S LN W	Date of F	<u>'</u>
City	State Zip Code	Transact	tion ID: SA11AI.7477
OSCEOLA  FEC ID number of contributing federal political committee.	IN 46561		of Each Receipt this Period 25.00
Name of Employer OMNICARE, INC	Occupation PHARMACIST	Bi-weekl on - \$25:	y Payroll Deducti- 00
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼	225.00	
SUBTOTAL of Receipts This Page (optional	)		65.00
TOTAL This Period (last page this line num	per only)		

I7	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS  any information copied from such Reports and		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 28 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
	r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  OmniCare, Inc. Political Action Com	ne name and ad	dress of any political committee to	o solicit contributions from such committee.
<b>∠</b> <b>4.</b>	Full Name (Last, First, Middle Initial) THOMAS TUCKER  Mailing Address 11201 RIVER OAKS	LN W		Date of Receipt  0 5 1 3 2 0 1 1
	City OSCEOLA	State IN	Zip Code 46561	Transaction ID: SA11AI.7545  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer OMNICARE, INC  Receipt For:  Primary General Other (specify) ▼	Occupation PHARM/ Aggregate		Bi-weekly Payroll Deduction - \$25.00
3.	Full Name (Last, First, Middle Initial) THOMAS TUCKER  Mailing Address 11201 RIVER OAKS	LN W		Date of Receipt  0 5 2 7 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.7546
	OSCEOLA  FEC ID number of contributing federal political committee.	C	46561	Amount of Each Receipt this Period  25.00
	Name of Employer OMNICARE, INC Receipt For:	Occupation PHARM/		Bi-weekly Payroll Deduction - \$25.00
	Primary General Other (specify) ▼	99.03	275.00	
- :.	Full Name (Last, First, Middle Initial) THOMAS TUCKER  Mailing Address 11201 RIVER OAKS	LN W		Date of Receipt  0 6 1 0 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.7701
	OSCEOLA FEC ID number of contributing federal political committee.	C	46561	Amount of Each Receipt this Period  25.00
	Name of Employer OMNICARE, INC	Occupation PHARM/		Bi-weekly Payroll Deduction - \$25
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)	1		75.00

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	BX)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 28 (check only one)    X
Any information copied from such Reports or for commercial purposes, other than usin NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action C	ng the name and ado	r not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) THOMAS TUCKER			Date of Receipt
Mailing Address 11201 RIVER OA	KS LN W		06 24 2011
City OSCEOLA	State IN	Zip Code 46561	Transaction ID: SA11AI.7730  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		25.00
Name of Employer OMNICARE, INC	Occupation PHARMA		Bi-weekly Payroll Deducti- on - \$25
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00	
Full Name (Last, First, Middle Initial) John Workman	I		Date of Receipt
Mailing Address 100 E RiverCente	r Blvd.		0 4 0 1 Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.7421
Covington  FEC ID number of contributing federal political committee.	C	41011	Amount of Each Receipt this Period  125.00
Name of Employer Omnicare, Inc.	Occupation CFO	1	Bi-weekly Payroll Deduction - \$125.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) John Workman	I		Date of Receipt
Mailing Address 100 E RiverCente	r Blvd.		0 4
City	State	Zip Code	Transaction ID: SA11AI.7458
Covington  FEC ID number of contributing federal political committee.	C	41011	Amount of Each Receipt this Period  125.00
Name of Employer Omnicare, Inc.	Occupation CFO	1	Bi-weekly Payroll Deduction - \$125.00
Receipt For:  Primary General  Other (specify) ▼	<del> </del>	Year-to-Date ▼ 625.00	
SUBTOTAL of Receipts This Page (option	nal)		275.00

SCHEDULE A (FEC Form ITEMIZED RECEIPTS	JA)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 28   (check only one)     X
Any information copied from such Report or for commercial purposes, other than us	s and Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action	Committee		
Full Name (Last, First, Middle Initial) John Workman			Date of Receipt
Mailing Address 100 E RiverCent	ter Blvd.		0 4 2 9 2 0 1 1
City	State	Zip Code	Transaction ID: SA11AI.7459
Covington	KY	41011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Omnicare, Inc.	Occupation CFO	n	Bi-weekly Payroll Deduction - \$125.00
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
Full Name (Last, First, Middle Initial) John Workman	l		Date of Receipt
Mailing Address 100 E RiverCent	ter Blvd.		05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.7553
Covington	KY	41011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		125.00
Name of Employer Omnicare, Inc.	Occupation CFO	n	Bi-weekly Payroll Deduction - \$125.00
Receipt For:	Aggregate	Year-to-Date <b>V</b>	
Primary General Other (specify) ▼	0 0	875.00	
Full Name (Last, First, Middle Initial) John Workman			Date of Receipt
Mailing Address 100 E RiverCent	ter Blvd.		05 27 2011
City	State	Zip Code	Transaction ID: SA11AI.7554
Covington	KY	41011	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		125.00
Name of Employer Omnicare, Inc.	Occupation CFO	n	Bi-weekly Payroll Deduction - \$125.00
Receipt For:	Aggregate	Year-to-Date ▼	_
Primary General Other (specify) ▼		1000.00	
SUBTOTAL of Receipts This Page (opti	I		375.00

A.

В.

Receipt For:

Primary

Other (specify)

General

### SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

PAGE 25 / 28 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee Full Name (Last, First, Middle Initial) Date of Receipt John Workman Mailing Address 100 E RiverCenter Blvd. 06 10 2011 City State Zip Code Transaction ID: SA11AI.7705 Covington KY 41011 Amount of Each Receipt this Period FEC ID number of contributing 125.00 C federal political committee. Bi-weekly Payroll Deduction - \$125 Name of Employer Omnicare, Inc. Occupation **CFO** Receipt For: Aggregate Year-to-Date Primary General 1125.00 Other (specify) Full Name (Last, First, Middle Initial) John Workman Date of Receipt Mailing Address 100 E RiverCenter Blvd. 06 24 2011 City State Zip Code Transaction ID: SA11AI.7734 Covington KY 41011 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Bi-weekly Payroll Deduction - \$125 Name of Employer Omnicare, Inc. Occupation **CFO** 

		250.00
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	230.00
TOTAL This Period (last page this line number only)	<u> </u>	3871.69

Aggregate Year-to-Date

1250.00

CHEDULE B (FEC Form 3X) FEMIZED DISBURSEMENTS	Use separate schedule( for each category of the	(check onl	<u>'</u> ' —   —   —   —
	Detailed Summary Page	27	22 X 23 24 25 28a 28b 28c 29
ny Information copied from such Reports and Stat r for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committ	ee		
Full Name (Last, First, Middle Initial) CANTOR, ERIC			Transaction ID: SB23.7405 Date of Disbursement
Mailing Address 6004 OXBURY CT.			$ \begin{array}{c c} \begin{array}{c c} M & M \\ \hline \end{array} \begin{array}{c} M & M \\ \hline \end{array} \begin{array}{c} D & D \\ \hline \end{array} \begin{array}{c} D & D \\ \hline \end{array} \begin{array}{c} M & M \\ \end{array} \begin{array}{c} M & M$
City GLEN ALLEN	State Zip Code VA 23059		Amount of Each Disbursement this Period
Purpose of Disbursement Fundraising Lunch		003	2000.00
Candidate Name		Category/ Type	
Office Sought:  X House Senate President  Disbut	rsement For: Primary Genera Other (specify)		
State: VA District: 07			
Full Name (Last, First, Middle Initial) FRIENDS OF JOHN BARROW			Transaction ID: SB23.7409 Date of Disbursement
Mailing Address PO Box 8166			04
City Savannah	State Zip Code GA 31412		Amount of Each Disbursement this Perio
Purpose of Disbursement Contribution - \$2,500	UN 01412	004	2500.00
Candidate Name FRIENDS OF JOHN BARROW		004 Category/ Type	
-	rsement For: 2012  X Primary General Other (specify) ▼	1	
Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS			Transaction ID: SB23.7408 Date of Disbursement
Mailing Address 3161 Dixie Highway Suite F			04
City Erlanger	State Zip Code KY 41018		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution - \$1,000		004	1000.00
Candidate Name GEOFF DAVIS FOR CONGRESS		Category/ Type	
	xsement For: 2012 X Primary Genera Other (specify)	1	
State: KY District: 04	Strict (opcorry)		
·			

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В.

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE NUMBER: PAGE 27 / 28 (check only one)		
	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30b	
Any Information copied from such Reports and Stater or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Committee				
Full Name (Last, First, Middle Initial) WALLY HERGER			Transaction ID: SB23.7560 Date of Disbursement	
Mailing Address PO BOX 1007			$\begin{bmatrix} M & M \\ O & G \end{bmatrix} \ \ \ \begin{bmatrix} D & D \\ D & D \end{bmatrix} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	
City WILLOWS	State Zip Code CA 95988		Amount of Each Disbursement this Period	
Purpose of Disbursement Contribution - \$1,000		004	1000.00	
Candidate Name WALLY HERGER		ategory/ Type		
Senate X President	ement For: 2012 Primary General Other (specify)			
State: CA District: 02				
Full Name (Last, First, Middle Initial) WYDEN FOR SENATE			Transaction ID: SB23.7412 Date of Disbursement	
Mailing Address 232 NE 9TH AVENUE			$\begin{bmatrix} M & M & M \\ O & 4 & M \end{bmatrix} / \begin{bmatrix} D & D & D \\ 2 & 8 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$	
City PORTLAND	State Zip Code OR 97232		Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement Contribution - \$2,500		004		
Candidate Name WYDEN FOR SENATE		ategory/ Type		
· -	ement For: 2012 Primary General Other (specify)			

SUBTOTAL of Disbursements This Page (optional)	•	3500.00
TOTAL This Period (last page this line number only)	<b></b>	9000.00

State: OR

District: 00

В.

District:

SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS	Use separate schedule(s)		FOR LINE NUMBER: PAGE 28 / 28 (check only one)		
	for each category of the Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30b		
Any Information copied from such Reports and Stator for commercial purposes, other than using the national force.					
NAME OF COMMITTEE (In Full) OmniCare, Inc. Politcal Action Commit	ee				
Full Name (Last, First, Middle Initial) Mellon Financial			Transaction ID: SB29.7557 Date of Disbursement		
Mailing Address 500 Ross Street Room 1380			05 7 23 7 2011		
City Pittsburgh	State Zip Code PA 15262-0001		Amount of Each Disbursement this Period		
Purpose of Disbursement Account Analysis Fees - \$48.57			48.57		
Candidate Name		Category/ Type			
Office Sought: House Disbuter Senate President State: District:	rsement For: Primary General Other (specify)				
Full Name (Last, First, Middle Initial)			Transaction ID: SB29.7736		
Mellon Financial			Date of Disbursement		
Mailing Address 500 Ross Street Room 1380			06 06 7 22 7 2011		
City Pittsburgh	State Zip Code PA 15262-0001		Amount of Each Disbursement this Period		
Purpose of Disbursement Account Analysis Fees - \$49.16			49.16		
Candidate Name		Category/ Type			
Office Sought: House Disbut Senate President	rsement For: Primary General Other (specify)				

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	97.73
TOTAL TI: D : 1//		07.72
TOTAL This Period (last page this line number only)		91.13

State: